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Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>09/466,353 | FILING DATE<br>12/17/1999<br>RULE 1.47 | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>18563-000120 |
|-----------------------------|--|--------------|------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF PCT/US98/12861 06/19/1998  
 AND A CON OF 08/947,080 10/08/1997 PAT 5,975,893  
 AND CLAIMS BENEFIT OF 60/050,342 06/20/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 02/08/2000

|                                 |  |                        |                         |                    |                         |
|---------------------------------|--|------------------------|-------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>CA | SHEETS<br>DRAWING<br>19 | TOTAL CLAIMS<br>44 | INDEPENDENT CLAIMS<br>8 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                         |                    |                         |
| Verified and Acknowledged       | Examiner's Signature<br><i>g</i>   | Initials               |                         |                    |                         |

## ADDRESS

20350

## TITLE

METHOD AND SYSTEM FOR INCREMENTALLY MOVING TEETH

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1712 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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